

**PERINATAL SUBSTANCE ABUSE PREVENTION (PSAP)
SUBCOMMITTEE MINUTES
January 11, 2007**

SUBCOMMITTEE MEMBERS PRESENT

Terrence McGaw, M.D.
Maggie Carlton, Senator
John Hiatt, Ph.D.
Charlene Herst
Colleen Morris, M.D.
Janie Lowe
T.J. Rosenberg
Barbara Caskey, Proxy for Maria Canfield

SUBCOMMITTEE MEMBERS ABSENT

Candice Kidd
Beverly Neyland, M.D.
Susan Gonzales, Ph.D.

STATE HEALTH DIVISION STAFF PRESENT

Muriel Kronowitz, Perinatal Substance Abuse Prevention (PSAP) Coordinator, BFHS
Kyle Devine, Child and Adolescent Health Coordinator, BFHS
Marjorie Franzen-Weiss, Early Childhood Comprehensive Systems Coordinator, BFHS
Tami Smith, Administrative Assistant (AA) 4, BFHS
Victor Lamas, AAI, BFHS

CALL TO ORDER

Dr. Terrence McGaw called the Perinatal Substance Abuse Prevention (PSAP) Subcommittee meeting to order at **9:35 a.m.** The meeting was videoconferenced at the Bureau of Licensure & Certification (BLC), 1550 E. College Parkway, Suite 158, Carson City, Nevada and the BLC, 4220 S. Maryland Parkway, Building D, Suite 810, Las Vegas, Nevada. This was a public meeting, and the public was invited to make comments. In accordance with the Open Meeting Law this meeting was posted at the following locations: Bureau of Family Health Services (BFHS), Carson City; Kinkead Building, Carson City; Nevada State Library and Archives, Carson City; Washoe County District Health Department (WCDHD), Reno; Elko County Library, Elko; BLC, Carson City; BLC, Las Vegas; and the Health Division Website: www.health2k.state.nv.us.

Introductions were made around the table.

APPROVAL OF MINUTES FROM MEETING OF NOVEMBER 30, 2006

Charlene Herst moved to approve the November 30, 2006 minutes. Senator Maggie Carlton seconded. **MOTION APPROVED**

PSAP SUBCOMMITTEE CO-CHAIR REPORT

No report was made.

RECOMMENDATIONS FOR IMPLEMENTATION OF AMERICAN COLLEGE OF GYNECOLOGY (ACOG) TOOL KITS

Dr. McGaw stated the American College of Gynecology (ACOG) reproductive tool kit had recently been distributed to all its members around the country. It is titled "Drinking and Reproductive Health, A Fetal Alcohol Spectrum Disorders (FASD) Prevention Tool Kit". Dr.

McGaw presented the tool kit to the subcommittee members. The PSAP coordinator will get a copy to every subcommittee member. The tool kit comes with a drinking and reproductive health plasticized card for providers to have in their office. On one side it shows standard size drink equivalents and on the other side gives a tool for screening risky drinking behavior. The tool kit also offers three Continuing Medical Education (CME) credits. The tool kit includes information on drinking prevalence and patterns, effective brief counseling intervention, information about FASD, Fetal Alcohol Syndrome (FAS), risk factors, and a follow up for women who engage in risky drinking. A national resource list is also provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), as well, as handouts to give to patients with a patient contract. Dr. McGaw thinks the most effective way to introduce the tool kits to family practice and OBGYN's would be in face-to-face meetings with lunch being provided. Senator Carlton asked what responsibilities doctors and nurses have once they know the patient is endangering the fetus. Dr. McGaw stated the information becomes part of the patient's confidential record with no reporting mandate to report to law enforcement as in child abuse cases. With respect to in-state referrals, Barbara Caskey stated there are three programs funded for pregnant women and women with dependent children. They are Step 2/Lighthouse of the Sierras: 787-9411; Westcare/Healthy Families: 385-2022; and Sierra Recovery Center: (530) 541-5190. There are protocols and processes which providers are required to follow to admit pregnant women. The capacity in the state to treat pregnant women with substance abuse is low compared to the need. The programs are full all the time but they will do interim services and will try to see the patient within 48 hours. For every dollar used to treat an individual with substance abuse, it costs \$3 to \$5 dollars to treat pregnant women. Dr. McGaw stated a list of local referrals needs to be compiled to go with the tool kits. A one page tool kit screening instrument draft which Dr. McGaw had worked on will be tweaked by Muriel Kronowitz for format style and emailed to subcommittee members for comment. Ms. Kronowitz and Dr. McGaw will work on an implementation strategy, as well, as a methodology to evaluate effectiveness. Entities willing to provide lunches at the presentations will be explored by several subcommittee members and the coordinator. Senator Carlton moved to implement the tool kits. Dr. John Hiatt Second. **MOTION APPROVED**

**DISCUSSION AND RECOMMENDATIONS FOR LEGISLATIVE DRAFT
RESOLUTION FOR FETAL ALCOHOL SPECTRUM DISORDER (FASD)
DIAGNOSTIC CLINICS FOR 2007 LEGISLATIVE SESSION. HOW MUCH FUNDING
AND FOR HOW LONG?**

Senator Carlton stated she will need the subcommittee to put together a written report of FASD clinic activities done in the past, how well they worked and how much money would be saved by adding clinics. A decision needs to be made as to how much money will be asked for. She stated an excellent point to make relates to eliminating the waiting list of 80 children and that no clinics exist in northern Nevada. At this point there is no Bill Draft Request (BDR) number. Senator Carlton stated she would like to talk to Culinary and Sierra Health insurances to see if they would be interested in setting up clinics for the children covered by them. This would provide services to children on the waiting list. Dr. Colleen Morris stated the budget already covers ten clinics a year in Las Vegas and sees four children per clinic over the age of three. The clinics have seen three children in foster care from northern Nevada, two from Reno and one from Elko, and suspects Medicaid paid for their travel to the clinics in Las Vegas. The clinics include professionals who can address psychiatric/psychological issues, physical diagnosis, and a physiologist who can assess cognitive and behavioral outcomes. Dr. Morris stated she had preliminary discussions with professionals who can potentially become part of the Reno team to provide the same service as in Las Vegas, which include an educational plan, a behavioral plan, family education, referrals for treatment, and recommendations for psychiatric treatment and medications. The cost per clinic is \$3,800 not including the cost of clinic rental space. In Las Vegas the space is donated by the Lili Claire Foundation. In Reno it might be possible to get space donated in the Nevada Early Intervention Services (NEIS) clinic. Senator Carlton stated the

plan is to show the legislators that the 10 clinics in Las Vegas have worked and ask for \$95,000 to create 25 more. The clinics would be distributed between northern and southern Nevada depending upon the need in each area. The BDR will be simple. It will ask for an appropriation to fund FASD clinics and include an account number. Everything else would be presented to legislators through testimony, phone calls, letters etc. Dr. McGaw suggested requesting more than \$95,000 dollars to also cover the expense to train the professionals who would be involved in the clinics in the north and the start-up costs. Senator Carlton stated the subcommittee had until February 5 to let her know exactly what to put in the BDR. Senator Carlton moved to create an appropriation BDR to fund the FASD clinics for which subcommittee members will continue to gather information needed and also be prepared to give testimony when needed. T.J. Rosenberg seconded. **MOTION APPROVED**

ESTABLISHMENT OF SUBCOMMITTEE(S) TO WORK ON SECTIONS OF THE DRAFT OF THE 5 YEAR FASD STRATEGIC PLAN

Ms. Kronowitz stated she would like to receive information from each of the subcommittee members with respect to the 5-year strategic plan goals. She suggested subcommittee members pick goal(s) that best align with their expertise, passion, experience and interest. Kyle Devine stated every goal under the strategic plan needs to be actually doable to be able to show the accomplishments made. Dr. Morris stated areas to enhance would be in educating people about FASD while they are still in school, how the school district responds to a child with a FASD and how to educate the teachers in the care of a child with FASD. Senator Carlton stated she did attend the State Board of Education (SBE) meeting but did not testify. A more coordinated presentation is needed to present the issues to the SBE. The subcommittee will need to gather information and have parents of children with FASD give testimony about their experiences with the educational system. Ms. Lowe stated she would facilitate having a special education consultant from the Department of Education be present at one of the subcommittee meeting to discuss special education issues and how to address the SBE at one of their meetings. The subcommittee needs to discuss how to raise the awareness about a child with FASD, which is another form of a special needs child; what the SBE policy should be in Nevada when dealing with the education of children with FASD and how to implement viable educational strategies. Ms. Rosenberg stated there are laws for children to get the educational support they need in the classroom. The problem is the teachers are not educated on what FASD is and what accommodations the child needs. Senator Carlton moved for subcommittee members to inform Ms. Kronowitz of activities needed to achieve the goals so they can be integrated into the 5-year plan. Ms. Caskey seconded. Subcommittee members were asked to submit them no later than 30 days before the next scheduled PSAP meeting. **MOTION APPROVED**

UPDATE BY PSAP COORDINATOR

Ms. Kronowitz stated she will be attending a substance abuse conference in Anaheim, California where leaders in the field of perinatal abuse will be speaking. Ms. Kronowitz requested the next meeting not be held on April 12, 2007 due to member's absences. The new date agreed on will be March 15, 2007.

SUBCOMMITTEE RECOMMENDATIONS TO STAFF

No recommendations were discussed.

PUBLIC COMMENT AND DISCUSSION

No public comments.

Meeting adjourned at **11:30 am**.